



HEALTH CARE FINANCING ADMINISTRATION
Department of Health and Human Services

Region VIII
1600 Broadway, Suite 700
Denver CO 80202-4967

UT-0158.90.R2.03;EP

December 27, 2001

Mr. Michael Deily, Director
Division of Health Care Financing
Utah Department of Health
Post Office Box 143101
Salt Lake City, Utah 84114-3101

Dear Mr. Deily:

This is to inform you that your request to amend your home and community-based services waiver for individuals with mental retardation and developmental disabilities (MR/DD), as authorized under Section 1915(c) of the Social Security Act, has been approved.

Specifically, you requested to decrease the number of recipients in Factor C for years 4 and 5. This request has been given Control Number 0158.90.R2.03, which should be used in all correspondence relating to this waiver.

The estimates of utilization and the revised cost of waiver services has been approved as follows:

<u>Year</u>	<u>Unduplicated Recipients</u>	<u>Factor D</u>
4	3,755	\$26,566
5	3,755	\$28,736

The waiver amendment request, and the additional information provided us, conforms fully to the requirements of the statute and Medicaid regulations. Therefore, the amendment will be effective July 1, 2001, as requested. We appreciate the effort and cooperation provided by you and your staff.

If you have any questions, please contact Eunice Perez at (303) 844-7036.

Sincerely,

/s/

ALEX E. TRUJILLO
Regional Administrator

Cc: Mel Murphy

*The Health Care Financing Administration (HCFA) was renamed to the **Centers for Medicare & Medicaid Services (CMS)**.
We are exercising fiscal restraint by exhausting our stock of stationery.*